

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1212SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/31/2009
NAME OF PROVIDER OR SUPPLIER TORREY PINES CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 S. TORREY PINES DRIVE LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as the result of a complaint investigation under State licensure conducted at your facility on 3/30/09 and 3/31/09. The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004. Complaint #NV00021424 was substantiated. See Tag Z 301. Complaint #NV00021378 was unsubstantiated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Z 000		
Z301 SS=D	NAC 449.74491 Prohibited practices 2. A facility for skilled nursing shall adopt procedures which ensure that all alleged violations of the policies adopted pursuant to subsection 1 and injuries to patients of unknown origin are reported immediately to the administrator of the facility, to the bureau and to other officials in accordance with state law, and are thoroughly investigated. The procedures must ensure that further violations are prevented while the investigation is being conducted. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure that staff immediately reported allegations of abuse to the Administrator or Director of Nurses of the facility in order to	Z301		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z301	<p>Continued From page 1</p> <p>provide support to the resident and to conduct an investigation of the allegation in accordance with facility policy and procedure for 1 of 1 residents. (#1)</p> <p>Findings include:</p> <p>Resident #1 had been at the facility since 11/18/05 with the diagnosis of Down's syndrome and a history of a cerebral aneurysm at age three. The resident's speech was limited and she was not always understood.</p> <p>On 3/25/09 a report was received by the Bureau of an allegation of inappropriate physical contact between Resident #1 and a male on 3/24/09. The facility conducted an investigation; the witnesses who reported the contact were interviewed by telephone and the facility determined that the resident rubbed a male certified nurse assistant's (CNA's) stomach. The male CNA was discouraging the resident from having another snack per the guardian's wishes. The allegation of inappropriate touching was unsubstantiated by the facility.</p> <p>Review of the record at the facility on 3/30/09, revealed a nurse's note dated 3/24/09 and timed at 3:00 PM. The note indicated the nurse (writer) notified the Director of Nurses (DON) that a visitor of the resident's roommate reported that a male was rubbing his hands on the resident's abdomen the day before (3/23/09). A second note on 3/24/09 indicated that the family was notified at 9:00 PM.</p> <p>An interview was conducted with the Administrator on 3/30/09 at approximately 5:15 PM. The findings in the record were reviewed with him. He reported that the DON was not in</p>	Z301			

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Z301	<p>Continued From page 2</p> <p>the building and he did not have access to her office to obtain the documents related to the investigation. He did report that he had had telephone conversations with the resident's family after the resident's family was notified of the allegation on 3/24/09. The resident's family contacted Metro and two officers responded to the scene. After interviews with the witnesses, it was determined that the resident was touching a male CNA. The Administrator provided the facility's policies and procedures on abuse.</p> <p>An interview was conducted with the nurse who wrote the note on 3/30/09 at approximately 5:30 PM. She stated that the family of the resident's roommate reported the incident the evening before (3/23/09) while she was passing medications at around 7:00 PM. She observed the resident sitting in the lobby. A male resident was present in a wheelchair and not close to the resident. She went back to passing her medications and reported the allegation to the DON the next day. The DON instructed her to complete an incident report. She called the resident's family on 3/24/09 at approximately 9:00 PM to advise them of the incident. The family immediately came to facility.</p> <p>An interview was conducted with the DON on 3/31/09 at 7:15 AM. She confirmed that the allegation was reported to her on 3/24/09 by the nurse. An investigation was conducted. The witnesses were interviewed by telephone and reported that the resident had touched the "nurse's" chest in the hallway. She reported that the family contacted Metro before the facility could conduct an investigation and clarify the incident with the witnesses.</p> <p>Review of the facility's policy titled "Responding to</p>	Z301			

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Z301	Continued From page 3 and Investigating an Abuse Allegation" for alleged sexual abuse revealed that the nurse was to appoint someone to stay with the resident for protection and comfort and was to preserve all physical evidence. The Executive Director or the DON was to begin an internal investigation for any abuse allegations. Severity 3 Scope 1	Z301			

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